FACTS ON CNS DEPRESSANTS

Central nervous system (CNS)—the brain and spinal cord—depressants slow down (or "depress") the normal activity that goes on in the brain. Doctors often prescribe them for people who are anxious or can't sleep. When taken as directed, they can be safe and helpful. But when people take someone else's prescription drugs or take the drugs for entertainment or pleasure, they may experience dangerous consequences.

CNS depressants can be divided into three primary groups:

CNS DEPRESSANTS

Type	Conditions They Treat	Street Names
Barbiturates		
• Mephobarbital (Mebaral) • Sodium pentobarbital (Nembutal)	• Epilepsy (certain forms)	Barbs, reds, red birds, phennies, tooies, yellows, or yellow jackets
Benzodiazepines		
• Diazepam (Valium) • Alprazolam (Xanax) • Estazolam (ProSom)	• Acute stress reactions • Panic attacks • Convulsions • Sleep disorders	Candy, downers, sleeping pills, or tranks
Sleep Medications		
• Zolpidem (Ambien) • Zaleplon (Sonata) • Eszopiclone (Lunesta)	• Sleep disorders	A-minus or zombie pills

How are CNS depressants abused?

CNS depressants usually come in pill or capsule form. Drug abusers might take a CNS depressant not prescribed for them or take a larger dose than prescribed. Sometimes people take them with other drugs or to counteract the effects of other drugs, such as stimulants.

How do CNS depressants affect the brain?

Most CNS depressants affect the brain in the same way—they enhance the activity of the gamma-aminobutyric acid (GABA). GABA is a neurotransmitter, one of the naturally occurring chemicals in the brain that sends messages between cells. GABA works by slowing down brain activity. Although different classes of CNS depressants work in unique ways, they ultimately increase GABA activity, which produces a drowsy or calming effect.

U.S. Department of Health and Human Services
NATIONAL INSTITUTES OF HEALTH
NIDA NATIONAL INSTITUTE ON DRUG ABUSE

PEER Rx: RX ABUSE IS DRUG ABUSE

October 2009

What negative effects can be associated with CNS depressants?

Although CNS depressants can help people suffering from seizures, anxiety, or sleep disorders, they can be addictive and should be used only as prescribed. Addiction is when a person compulsively seeks out the drug and abuses it despite its known harmful consequences. During the first few days of taking a CNS depressant, a person usually feels sleepy and uncoordinated. With continuing use, the body becomes accustomed to these effects, and they lessen. This is known as tolerance, which means that larger doses are needed to achieve the same initial effects. Continued use can lead to physical dependence and—**when stopped**—withdrawal.

CNS depressants should not be combined with any medication or substance that causes drowsiness, including prescription pain medicines, certain over-the-counter cold and allergy medications, or alcohol. If combined, they can slow both the heart and respiration, which can lead to death.

What happens when you stop taking CNS depressants?

Abuse of high doses of CNS depressants can lead to physical dependence and, when reduced or stopped, serious withdrawal symptoms. CNS depressants work by slowing the brain's activity, so when someone stops taking a CNS depressant, activity in the brain can rebound and race out of control to the point that seizures can occur. Someone who is either thinking about discontinuing use, or who has stopped and is suffering withdrawal, should seek medical treatment.

Are there treatments for addiction to CNS depressants?

It is important to seek medical supervision during withdrawal. Counseling in an inpatient or outpatient setting can help people who are overcoming addiction to CNS depressants. For example, cognitive behavioral therapy has been used successfully to help people in treatment for abuse of benzodiazepines. This type of therapy focuses on helping to change a patient's thinking, expectations, and behaviors while simultaneously increasing their skills for coping with various life stressors.

What can I do?

When someone has a drug problem, it's not always easy to know what to do. If someone you know is abusing or misusing prescription drugs, encourage him or her to talk to a parent, school guidance counselor, or other trusted adult. There are also anonymous resources, such as the National Suicide Prevention Lifeline **(1–800–273–TALK)** and the Treatment Referral Helpline **(1–800–662–HELP).**

The National Suicide Prevention Lifeline **(1–800–273–TALK)** is a crisis hotline that can help with a lot of issues, not just suicide. For example, anyone who feels sad, hopeless, or suicidal; family and friends who are concerned about a loved one; or anyone interested in mental health treatment referrals can call this Lifeline. Callers are connected with a professional nearby who will talk with them about what they're feeling or about concerns for family and friends.

In addition, the Treatment Referral Helpline **(1–800–662–HELP)**—offered by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment—refers callers to treatment facilities, support groups, and other local organizations that can provide help for their specific needs. You can also locate treatment centers in your state by going to **www.findtreatment.samhsa.gov.**

"Facts on CNS Depressants" is part of a series of fact sheets from the National Institute on Drug Abuse (NIDA) that are designed to inform students, parents, educators, and mentors about the harmful effects of prescription drug abuse. To learn more about how you can get involved in spreading the word about the dangers of prescription drug abuse, visit **http://teens.drugabuse.gov/PEERx.**

U.S. Department of Health and Human Services
NATIONAL INSTITUTES OF HEALTH
NIDA NATIONAL INSTITUTE ON DRUG ABUSE

PEERx: Rx ABUSE IS DRUG ABUSE

October 2009